

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35  
12 36255

**1. PLACE OF DEATH**

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 5439

City Springfield (No. R#2)

File No. \_\_\_\_\_

Registered No. 830

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (Write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Bettie Maltabarger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 4 - 1861

7. AGE

YEARS

72

MONTHS

10

DAYS

23

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Retired Farmer

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Farm

10. Date deceased last worked at  
this occupation (month and  
year)

11-24-33

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Tenn

MOTHER

FATHER

13. NAME

James Maltabarger

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Tenn

15. MAIDEN NAME

Mary J. Graham

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Tenn

17. INFORMANT  
(ADDRESS)

J. M. Maltabarger  
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Captagon

DATE Nov. 29, 1933

19. UNDERTAKER  
(ADDRESS)

W. H. Spurgeon & Co.  
Springfield, Mo.

20. FILED

11-28-33

Ralph Langston

Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-1933

22. I HEREBY CERTIFY, That I attended deceased from

11-24-1933 to 11-27-1933

I last saw him alive on 11-24-1933 Death is said

to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

11-24-33 developed

Coronary possibly of

ischemic nature

11-24-33

Other contributory causes of importance:

Chronic lung disease

of 3-4 yrs duration

11-24-33

11-24-33

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11-24-33

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. No. 2

MARGIN RESERVED FOR BINDING

JAN 4 1934

